Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-3-08</u>	Address:	303 S State St.
Case #:	22F4297 <u>9</u>		Kendallville, In 46755
County:	Noble		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
□ Operation □ Chemica □ Dumpsit	al/Glassware/Equipment (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Coleman Fuel			
Water Reactive Metal (Lithium): Intact patteries			
Anhydrous Ammonia: 2 2Lbs fire ext./ 80 Lbs Cylinder			
Hydrochloric Acid Gas Generator(s): 2 Litre			
Corrosive Acid: 1 quart Rooto			
Corrosive Base:			
☑ Other (item and location): I'ilter, tubing			
∑ Ycs 2 (☐ No	r age 18 discovered (check one) number present) port to Child Protective Services	Ephedrino	e <u>Information</u> e/Pseudocphedrine Tracking Log erchant Tip S
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Kendllville Fire	Fax: <u>260-347-7035</u> Fax: <u>260-636-2192</u> Fax: <u>260-636-3338</u>	
Health Depa	artment: Noble County Health		
Child Protec	ction Service: <u>DCS Noble</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr Rob Smith</u> Phone <u>260-432-8661</u>			

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.